

Case Number:	CM13-0018002		
Date Assigned:	10/11/2013	Date of Injury:	02/21/2013
Decision Date:	01/02/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 2/21/2013. The primary diagnosis has been reported as 847.2, 721.2, 721.42, and 355.0. The treating physician's letter of 8/6/13 is a rebuttal of a prior utilization review. The treating physician at that time notes that he had requested a functional restoration program consisting mostly of a work hardening program and that objective measurements have been provided and will be repeatedly provided. An initial physician review indicates that this patient does not meet the requirements for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Functional restoration times 6 visits at 3 times weekly for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Functional Rest.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines the Chronic Pain Medical Treatment Guidelines, Section Chronic Pain Programs/Functional Restorat.

Decision rationale: The MTUS Chronic Pain guidelines cited provide very detailed criteria for such a program, including medical records that indicate that an adequate and thorough evaluation has been made, including baseline functional testing, so that followup with the same tests can note functional improvement. Separately, the MTUS guidelines, section on work hardening, contains very detailed criteria for admission to a work hardening program, indicating that a

functional capacity evaluation may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis. The guidelines, therefore, consider work hardening and a functional restoration program to be distinct entities with different goals and different criteria for eligibility. The treating provider in this case has proposed a program which is a combination of these. Such a combined work hardening/functional restoration program is essentially investigational, or at least not supported by the guidelines. There are no criteria for such a combination program. This employee's medical records do not explicitly provide supporting data to meet the criteria for either program, or certainly not both programs simultaneously. The request for functional restoration times 6 visits at 3 times weekly for 2 weeks per request is not medically necessary and appropriate.